

Agenda Item Form

Agenda Date: _____

Districts Affected: 3

Dept. Head/Contact Information: Engineering Department Traffic Division, Ted Marquez, 541-4035

Type of Agenda Item:

- | | | |
|---|---|--|
| <input type="checkbox"/> Resolution | <input type="checkbox"/> Staffing Table Changes | <input type="checkbox"/> Board Appointments |
| <input type="checkbox"/> Tax Installment Agreements | <input type="checkbox"/> Tax Refunds | <input type="checkbox"/> Donations |
| <input type="checkbox"/> RFP/ BID/ Best Value Procurement | <input type="checkbox"/> Budget Transfer | <input type="checkbox"/> Item Placed by Citizen |
| <input type="checkbox"/> Application for Facility Use | <input type="checkbox"/> Bldg. Permits/Inspection | <input type="checkbox"/> Introduction of Ordinance |
| <input type="checkbox"/> Interlocal Agreements | <input type="checkbox"/> Contract/Lease Agreement | <input type="checkbox"/> Grant Application |
| <input checked="" type="checkbox"/> Other _____ | | |

Funding Source:

- ☒ General Fund
- ☐ Grant (duration of funds: _____ Months)
- ☐ Other Source: _____

Legal:

- ☐ Legal Review Required Attorney Assigned (please scroll down): None ☐ Approved ☐ Denied

Timeline Priority: ☐ High ☒ Medium ☐ Low # of days: _____

Why is this item necessary:

The guardrail is needed to prevent damage to the property at 7273 Barker Road. There has been reoccurring vehicle accidents damaging property at this location.

Explain Costs, including ongoing maintenance and operating expenditures, or Cost Savings:

Cost of the on the installation of guard rail is \$ 657.02

Statutory or Citizen Concerns:

N/A/


Departmental Concerns:


N/A

ENGINEERING DEPARTMENT

Memorandum

TO: Mayor Joe Wardy,
And City Representatives

FROM: Ted Marquez, P.E. 
Traffic Engineering Division Manager

THRU: Irene Ramirez, P.E. 
Interim City Engineer

DATE: May 19, 2004

SUBJECT: City Council Agenda

COUNCIL AGENDA DATE: May 25, 2004

AGENDA ITEM NO: _____

(page # _____)

The following item has been reviewed, and we recommend approval.

MOTION: DISTRICT # 3- Representative Jose Alexandro Lozano

Request installation of guardrail post at 7273 Barker Road. Cost of \$657.02.

EXPLANATION:

The guardrail is needed to prevent damage to the property at 7273 Barker Road.
There has been reoccurring vehicle accidents damaging property at this location.

If you have any questions on this item please call Ted Marquez at 541-4035.

Cc: Laura Uribarri, Executive Assistant
Adrian Ocequeda, Executive Assistant
Jim Martinez, Interim C.A.O.
Liz Elizondo, City Attorney
Raymond L. Telles, Assistant City Attorney
Edward Drusina, Deputy C.A.O. of Municipal Services
Patricia Aduato, Deputy C.A.O. Building and Planning Services
Daryl Cole, Street Dept. Deputy Director
Engineering Div. Chiefs



ENGINEERING DEPARTMENT

memorandum

RECEIVED

MAR 08 2004

STREET DEPT

TO: Daryl Cole
Deputy Director for Streets

THRU: Irene D. Ramirez, P.E. *IR*
Interim City Engineer

FROM: Ted Marquez, P.E., *T.M.*
Traffic Engineering Division Manager

DATE: March 5, 2004

SUBJECT: **Guardrail Installation Cost**

This department has conducted an on-site investigation for a **guardrail** request. We would appreciate your assistance to provide a cost estimate for a proposed guardrail installation at **7273 Barker Road**.

Please provide us with a cost estimate so that we may include it with the Council Motion request.

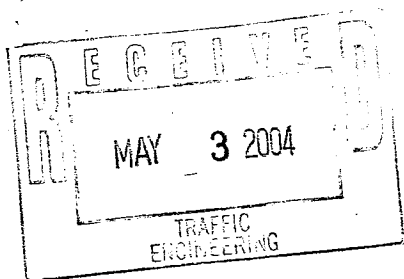
Attached is a copy of a drawing indicating the proposed guardrail location.

Should you have any questions regarding this matter, please contact this office at 541-4035.

NC/nc

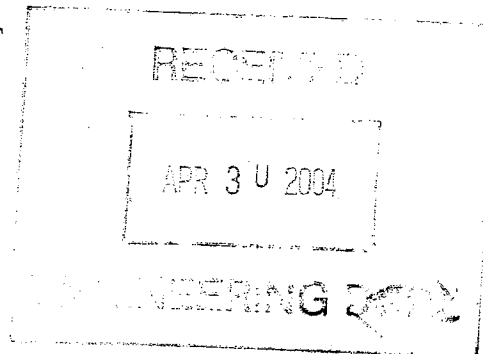
FIR04-1374

C: Engineering Department, Traffic Division, Location File



CITY OF EL PASO

STREET DEPARTMENT



TO: Ted Marquez, Chief Traffic Engineer

FROM: Daryl W. Cole
Streets Director

Daryl W. Cole
4-30-04

SUBJECT: Guardrail installation Cost Estimate for 7273 Barker Road

DATE: April 30, 2004

Enclosed is the cost estimate that you requested for the guardrail installation at 7273 Barker Road.

Please contact me at 621-6750 if you have any questions.

DWC/en

Enclosure: Cost Report

Cost Summary

Work Order: 15049 - 7273 Barker

Printed: 4/16/2004 10:29:32 AM

Overall Cost Summary

	Actual	Estimated (single)
Labor	\$0.00	\$285.76
Material	\$0.00	\$214.42
Equipment	\$0.00	\$156.84
Total	\$0.00	\$657.02

**CITY OF EL PASO
ENGINEERING DEPARTMENT**

Traffic Division
Job Request

Project No. 04 -1374

Location: 7273 BARKER

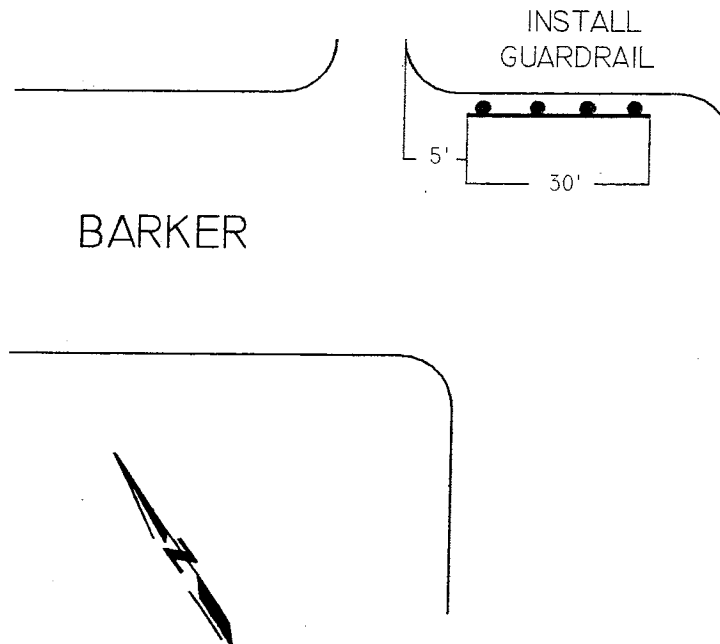
Date: March 04, 2004

Assigned To:

Sign Shop XX Meter Shop _____ Signal Shop _____

Instructions: **INSTALL GUARDRAIL AS SHOWN.**

7273 BARKER



Prepared By: Narciso Chavez

Reviewed By: _____

To be completed by: _____

Approved by: _____

Completed: _____
(Date & Signature)

PLACE WHERE ACCIDENT OCCURRED		LOC. NO. <u>00-170265</u>	
COUNTY <u>EL PASO</u>	CITY OR TOWN <u>EL PASO</u>	DPS NO.	
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES NORTH S E W OF _____ CITY OR TOWN		DO NOT WRITE IN THIS SPACE	
ROAD ON WHICH ACCIDENT OCCURRED <u>7273 BARKER</u>		LOC. _____	
INTERSECTING STREET OR RR X'ING NUMBER	CONSTR. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CODE _____	
NOT AT INTERSECTION <u>SO</u>	ZONE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SEVERITY _____	
SPEED LIMIT <u>25</u>		FAT. REC. _____	
DATE OF ACCIDENT <u>JUNE 18</u>		DR. REC. _____	
DAY OF WEEK <u>SUNDAY</u>			
HOUR <u>2235</u>			

UNIT NO. 1 - MOTOR VEHICLE	VEH IDENT NO <u>1FALP4047TF227034</u>	IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY _____
YEAR <u>1996</u>	COLOR <u>& MAKE GRN FORD</u>	MODEL <u>MUSTANG</u>
DRIVER'S NAME <u>QUINONES</u>	DRIVER'S NAME <u>DIONICIO</u>	DRIVER'S NAME <u>223 ASCARATE EL PASO, TX 79905</u>
DRIVER'S LICENSE <u>TX</u>	DRIVER'S LICENSE <u>01540097</u>	DRIVER'S LICENSE <u>C</u>
DOB <u>04 20 75</u>	RACE <u>H</u>	SEX <u>M</u>
OCCUPATION <u>SALESMAN</u>	LICENSE PLATE <u>2000 TX WSG 29P</u>	
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS)		PHONE NUMBER <u>778-3814</u>
1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED <u>4</u>		PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO
ALCOHOL/DRUG ANALYSIS RESULT _____		
NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)		ADDRESS (STREET, CITY, STATE, ZIP)
LIABILITY <input type="checkbox"/> YES		VEHICLE DAMAGE RATING <u>FD 1</u>
INSURANCE <input checked="" type="checkbox"/> NO		
INSURANCE COMPANY NAME _____		POLICY NUMBER _____

UNIT NO. 2 TOWED <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER <input type="checkbox"/>	VEH IDENT NO _____	IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY _____
YEAR <u>1996</u>	COLOR <u>& MAKE GRN FORD</u>	MODEL <u>MUSTANG</u>
DRIVER'S NAME <u>QUINONES</u>	DRIVER'S NAME <u>DIONICIO</u>	DRIVER'S NAME <u>223 ASCARATE EL PASO, TX 79905</u>
DRIVER'S LICENSE <u>TX</u>	DRIVER'S LICENSE <u>01540097</u>	DRIVER'S LICENSE <u>C</u>
DOB <u>04 20 75</u>	RACE <u>H</u>	SEX <u>M</u>
OCCUPATION <u>SALESMAN</u>	LICENSE PLATE <u>2000 TX WSG 29P</u>	
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS)		PHONE NUMBER <u>778-3814</u>
1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED <input type="checkbox"/>		PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO
ALCOHOL/DRUG ANALYSIS RESULT _____		
NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)		ADDRESS (STREET, CITY, STATE, ZIP)
LIABILITY <input type="checkbox"/> YES		VEHICLE DAMAGE RATING _____
INSURANCE <input type="checkbox"/> NO		
INSURANCE COMPANY NAME _____		POLICY NUMBER _____

DAMAGE TO PROPERTY OTHER THAN VEHICLES		METAL CHAIN LINK FENCE		7273 BARKER EL PASO TX 79905		2 FT		\$ UNK	
OBJECT		NAME AND ADDRESS (STREET, CITY, STATE, ZIP) OF OWNER		FEET FROM CURB		DAMAGE ESTIMATE			
LIGHT CONDITION <u>3</u>	WEATHER <u>1/1</u>	SURFACE CONDITION <u>2</u>	TYPE ROAD SURFACE <u>1</u>	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION)					
1-DAYLIGHT	1-CLEAR/6-CLOUDY	6-SMOKE	1-DRY	1-BLACKTOP					
2-DAWN	2-RAINING	7-SLEETING	2-WET	2-CONCRETE					
3-DARK-NOT LIGHTED	3-SNOWING	8-HIGH WINDS	3-MUDDY	3-GRAVEL					
4-DARK-LIGHTED	4-FOG	9-OTHER	4-SNOWY/ICY	4-SHELL					
5-DUSK	5-BLOWING DUST	5-OTHER	5-OTHER	5-DIRT					
				6-OTHER					

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☒ YES ☐ NO

CHARGES FILED		CITATION NUMBER <u>16-047-137</u>	
NAME <u>QUINONES, DIONICIO</u>	CHARGE <u>E.T.M.F.R.</u>		
NAME _____	CHARGE _____	CITATION NUMBER _____	

TIME NOTIFIED OF ACCIDENT <u>06-18-2000</u>	2240 P M HOW <u>DISPATCHED</u>	TIME ARRIVED AT SCENE OF ACCIDENT <u>06-18-00</u>	2247 P M
TYPED OR PRINTED NAME OF INVESTIGATOR <u>SCOTT MCFARLAND</u>		DATE REPORT MADE <u>06-18-00</u>	
SIGNATURE OF INVESTIGATOR <u>Still</u>		IS REPORT COMPLETE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
ID NO. <u>1957</u>	DEPARTMENT <u>EL PASO PD</u>	DIST./AREA <u>82/MVREC</u>	

SOLICITATION (SOL)	EJECTED	CODE FOR TYPE RESTRAINT USED	AIRBAG CODE	HELMET USE	CODE FOR INJURY SEVERITY	ALCOHOL/DRUG ANALYSIS (COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE)
INDICATES PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS/FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY Y-O K TO SOLICIT N-NO SOLICITATION	A - NOT APPLICABLE Y - YES N - NO P - PARTIALLY U - UNK	A - SEATBELT & SHOULDER STRAP B - SEATBELT & NO SHOULDER STRAP C - CHILD RESTRAINT E - SHOULDER STRAP ONLY N - NONE	Y - DEPLOYED N - NO DEPLOYMENT U - UNK IF DEPLOYED	1 - WORN-DAMAGED 2 - WORN-NOT DAMAGED 3 - WORN-UNK IF DAMAGED 4 - NOT WORN 9 - UNK IF WORN	K - KILLED A - INCAPACITATING INJURY B - NON INCAPACITATING C - POSSIBLE INJURY N - NOT INJURED	1 - BREATH 2 - BLOOD 3 - OTHER 4 - NONE 5 - REFUSED

UNIT NO. 1	TOWED DUE TO DAMAGE	VEHICLE REMOVED TO
DAMAGE RATING <u>FD1</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<u>ROADWAY</u> BY <u>OWNER</u>

Item No	OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.	NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
1	DRIVER	SEE FRONT		223 ASCARATE EL PASO TX 79905	N	N	A	N	4	25	M	N
2												
3												
4												
5												

UNIT NO. 2 (COMPLETE ONLY IF UNIT NO 2 WAS A MOTOR VEHICLE)	TOWED DUE TO DAMAGE	VEHICLE REMOVED TO										
DAMAGE RATING	<input type="checkbox"/> YES <input type="checkbox"/> NO	BY										
Item No	OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.	NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)	SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
6	DRIVER	SEE FRONT										
7												
8												
9												
10												

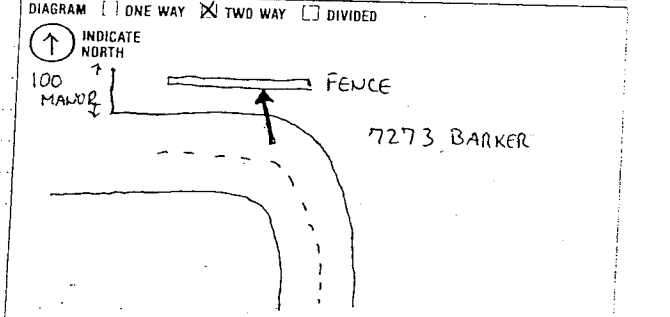
PEDESTRIAN, PEDALCYCLIST ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS (STREET, CITY, STATE, ZIP)	SOL	TYPE SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE
N/A									

DISPOSITION OF KILLED AND INJURED			
ITEM NUMBERS	TAKEN TO	BY	IF AMBULANCE USED, SHOW
1	REFUSED EMS AT SCENE		TIME NOTIFIED TIME ARRIVED AT SCENE NO. ATTENDANTS INC. DRIVER

ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

7273 BARKER, 2 LANE RESIDENTIAL ROADWAY, UNIT 1 TRAVELING NORTH ON BARKER, FAILED TO CONTROL SPEED, STRUCK CHAIN LINK FENCE CAUSING THE ACCIDENT. NO WITNESSES AT SCENE. NO INJURIES REPORTED AT THE SCENE. ITEM 1 ADVISED THAT HE WAS DENY FOLLOWED BY A SECOND VEHICLE AFTER AN ASSAULT.



FACTORS/CONDITIONS CONTRIBUTING			OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED			TRAFFIC CONTROL		
UNIT 1	1	20	UNIT 1	1	2	0-NO CONTROL OR INOPERATIVE	5-TURN MARKS	10-NO PASSING ZONE
UNIT 2	1	2	UNIT 2	1	2	1-OFFICER OR FLAGMAN	6-WARNING SIGN	11-OTHER CONTROL
						2-STOP AND GO SIGNAL	7-RR GATES OR SIGNALS	
						3-STOP SIGN	8-YIELD SIGN	
						4-FLASHING RED LIGHT	9-CENTER STRIPE OR DIVIDER	

1. ANIMAL ON ROAD - DOMESTIC

2. ANIMAL ON ROAD - WILD

3. BACKED WITHOUT SAFETY

4. CHANGED LANE WHEN UNSAFE

5. DEFECTIVE OR NO HEADLAMPS

6. DEFECTIVE OR NO STOP LAMPS

7. DEFECTIVE OR NO TAIL LAMPS

8. DEFECTIVE OR NO TURN SIGNAL LAMPS

9. DEFECTIVE OR NO TRAILER BRAKES

10. DEFECTIVE OR NO VEHICLE BRAKES

11. DEFECTIVE STEERING MECHANISM

12. DEFECTIVE OR SLICK TIRES

13. DEFECTIVE TRAILER HITCH

14. DISABLED IN TRAFFIC LANE

15. DISREGARD STOP AND GO SIGNAL

16. DISREGARD STOP SIGN OR LIGHT

17. DISREGARD TURN MARKS AT INTERSECTION

18. DISREGARD WARNING SIGN AT CONSTRUCTION
19. DISTRACTION IN VEHICLE

20. DRIVER INATTENTION

21. DROVE WITHOUT HEADLIGHTS

22. FAILED TO CONTROL SPEED

23. FAILED TO DRIVE IN SINGLE LANE

24. FAILED TO GIVE HALF OF ROADWAY

25. FAILED TO HEED WARNING SIGN

26. FAILED TO PASS TO LEFT SAFELY

27. FAILED TO PASS TO RIGHT SAFELY

28. FAILED TO SIGNAL OR GAVE WRONG SIGNAL

29. FAILED TO STOP AT PROPER PLACE

30. FAILED TO STOP FOR SCHOOL BUS

31. FAILED TO STOP FOR TRAIN

32. FAILED TO YIELD ROW - EMERGENCY VEHICLE

33. FAILED TO YIELD ROW - OPEN INTERSECTION

34. FAILED TO YIELD ROW - PRIVATE DRIVE

35. FAILED TO YIELD ROW - STOP SIGN

36. FAILED TO YIELD ROW - TO PEDESTRIAN
37. FAILED TO YIELD ROW - TURNING LEFT

38. FAILED TO YIELD ROW - TURN ON RED

39. FAILED TO YIELD ROW - YIELD SIGN

40. FATIGUED OR ASLEEP

41. FAULTY EVASIVE ACTION

42. FIRE IN VEHICLE

43. FLEEING OR EVADING POLICE

44. FOLLOWED TOO CLOSELY

45. HAD BEEN DRINKING

46. HANDICAPPED DRIVER (EXPLAIN IN NARRATIVE)

47. ILL (EXPLAIN IN NARRATIVE)

48. IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE)

49. IMPROPER START FROM PARKED POSITION

50. LOAD NOT SECURED

51. OPENED DOOR INTO TRAFFIC LANE

52. OVERTAKE AND PASS INSUFFICIENT CLEARANCE

53. OVERTAKE AND PASS INSUFFICIENT CLEARANCE

54. PARKED AND FAILED TO SET BRAKES

55. PARKED IN TRAFFIC LANE
56. PARKED WITHOUT LIGHTS

57. PASSED IN NO PASSING ZONE

58. PASSED ON RIGHT SHOULDER

59. PEDESTRIAN FAILED TO YIELD ROW TO VEHICLE

60. SPEEDING - UNSAFE (UNDER LIMIT)

61. SPEEDING - OVER LIMIT

62. TAKING MEDICATION (EXPLAIN IN NARRATIVE)

63. TURNED IMPROPERLY - CUT CORNER ON LEFT

64. TURNED IMPROPERLY - WIDE RIGHT

65. TURNED IMPROPERLY - WRONG LANE

66. TURNED WHEN UNSAFE

67. UNDER INFLUENCE - ALCOHOL

68. UNDER INFLUENCE - DRUG

69. WRONG SIDE - APPROACH OR IN INTERSECTION

70. WRONG SIDE - NOT PASSING

71. WRONG WAY - ONE WAY ROAD

72. OTHER FACTOR (WRITE IN ON LINE BELOW)

PLACE WHERE ACCIDENT OCCURRED COUNTY <u>EL PASO</u> CITY OR TOWN <u>EL PASO</u>		LOC. NO. <u>04-041845</u>
IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN _____ MILES NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST <input type="checkbox"/> OF _____ CITY OR TOWN		DO NOT WRITE IN THIS SPACE
ROAD ON WHICH ACCIDENT OCCURRED <u>7200 Barker</u> <u>2004 FEB 13 AM 3 50</u> CONSTR. <input type="checkbox"/> YES SPEED <u>30</u> INTERSECTING STREET BLOCK NUMBER STREET OR ROAD NAME ROUTE NUMBER OR STREET CODE ZONE <input checked="" type="checkbox"/> NO LIMIT OR RR X'ING NUMBER BLOCK NUMBER STREET OR ROAD NAME ROUTE NUMBER OR STREET CODE ZONE <input type="checkbox"/> YES SPEED NOT AT INTERSECTION <u>200</u> <input checked="" type="checkbox"/> FT. <input type="checkbox"/> MI. N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <u>100 Manor</u> CONSTR. <input type="checkbox"/> YES SPEED SHOW MILEPOST OR NEAREST INTERSECTING NUMBERED HIGHWAY. IF NONE, SHOW NEAREST INTERSECTING STREET OR REFERENCE POINT.		DPS NO.
DATE OF ACCIDENT <u>2-7-2004</u> DAY OF WEEK <u>Saturday</u> HOUR <u>8:00</u> <input type="checkbox"/> A.M. IF EXACTLY NOON <input checked="" type="checkbox"/> P.M. OR MIDNIGHT, SO STATE		LOC.
		CODE
		SEVERITY
		FAT. REC.
		DR. REC.

UNIT NO. 1 - MOTOR VEHICLE	VEH IDENT NO <u>Fled the Scene</u>	IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY _____
YEAR MODEL <u>& MAKE</u>	MODEL NAME	BODY STYLE
DRIVER'S NAME	LICENSE PLATE	
DRIVER'S LICENSE	PHONE NUMBER	
STATE NUMBER CLASS/TYPE	DOB MO DAY YEAR	RACE SEX OCCUPATION
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED <input type="checkbox"/> ALCOHOL/DRUG ANALYSIS RESULT _____		PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO
LESSEE <input type="checkbox"/> OWNER <input type="checkbox"/>		
NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)		ADDRESS (STREET, CITY, STATE, ZIP)
LIABILITY <input type="checkbox"/> YES INSURANCE <input type="checkbox"/> NO		VEHICLE DAMAGE RATING _____
INSURANCE COMPANY NAME		POLICY NUMBER

UNIT NO. 2 TOWED <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER <input type="checkbox"/>	VEH IDENT NO _____	IF BODY STYLE = VAN OR BUS, INDICATE SEATING CAPACITY _____
YEAR MODEL <u>& MAKE</u>	MODEL NAME	BODY STYLE
DRIVER'S NAME	LICENSE PLATE	
DRIVER'S LICENSE	PHONE NUMBER	
STATE NUMBER CLASS/TYPE	DOB MO DAY YEAR	RACE SEX OCCUPATION
SPECIMEN TAKEN (ALCOHOL/DRUG ANALYSIS) 1-BREATH 2-BLOOD 3-OTHER 4-NONE 5-REFUSED <input type="checkbox"/> ALCOHOL/DRUG ANALYSIS RESULT _____		PEACE OFFICER, EMS DRIVER, FIRE FIGHTER ON EMERGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO
LESSEE <input type="checkbox"/> OWNER <input type="checkbox"/>		
NAME (ALWAYS SHOW LESSEE IF LEASED, OTHERWISE SHOW OWNER)		ADDRESS (STREET, CITY, STATE, ZIP)
LIABILITY <input type="checkbox"/> YES INSURANCE <input type="checkbox"/> NO		VEHICLE DAMAGE RATING _____
INSURANCE COMPANY NAME		POLICY NUMBER

DAMAGE TO PROPERTY OTHER THAN VEHICLES <u>3ft x 10ft Bark wall</u> <u>EL PASO TX 79915 (915) 778-6913</u> OBJECT NAME AND ADDRESS (STREET, CITY, STATE, ZIP) OF OWNER FEET FROM CURB <u>10 ft</u> DAMAGE ESTIMATE <u>\$ 175.00</u>
--

LIGHT CONDITION <u>4</u>	WEATHER <u>1</u>	SURFACE CONDITION <u>1</u>	TYPE ROAD SURFACE <u>1</u>	DESCRIBE ROAD CONDITIONS (INVESTIGATOR'S OPINION) <u>Good</u>
1-DAYLIGHT 2-DAWN 3-DARK-NOT LIGHTED 4-DARK-LIGHTED 5-DUSK	1-CLEAR/CLOUDY 2-RAINING 3-SNOWING 4-FOG 5-BLOWING DUST	6-SMOKE 7-SLEETING 8-HIGH WINDS 9-OTHER	1-BLACKTOP 2-CONCRETE 3-GRAVEL 4-SHELL 5-DIRT 6-OTHER	

IN YOUR OPINION, DID THIS ACCIDENT RESULT IN AT LEAST \$500.00 DAMAGE TO ANY ONE PERSON'S PROPERTY? ☐ YES ☒ NO

CHARGES FILED	CITATION NUMBER
NAME _____ CHARGE _____	
NAME _____ CHARGE _____	CITATION NUMBER

TIME NOTIFIED OF ACCIDENT <u>2-10-2004</u> <u>5:09 PM</u> HOW <u>Dispatched</u>	TIME ARRIVED AT SCENE OF ACCIDENT <u>2-10-04</u> <u>5:17 PM</u>
TYPED OR PRINTED NAME OF INVESTIGATOR <u>S. Diaz</u>	DATE REPORT MADE <u>2-10-04</u> IS REPORT COMPLETE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SIGNATURE OF INVESTIGATOR <u>S. Diaz</u>	ID NO. <u>2187</u> DEPARTMENT <u>El Paso Police</u> DIST./AREA <u>82</u>

SOLICITATION (SOL)	EJECTED	CODE FOR TYPE RESTRAINT USED	AIRBAG CODE	HELMET USE	CODE FOR INJURY SEVERITY	ALCOHOL/DRUG ANALYSIS (COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE)
INDICATES PERSON'S DESIRE TO RECEIVE CONTACT FROM PERSONS SEEKING PROFESSIONAL EMPLOYMENT AS/FOR AN ATTORNEY, CHIROPRACTOR, PHYSICIAN, SURGEON, PRIVATE INVESTIGATOR, OR ANY OTHER PERSON REGISTERED OR LICENSED BY A HEALTH CARE REGULATORY AGENCY. Y - O.K. TO SOLICIT N - NO SOLICITATION	A - NOT APPLICABLE Y - YES N - NO P - PARTIALLY U - UNK	A - SEATBELT & SHOULDER STRAP B - SEATBELT & NO SHOULDER STRAP C - CHILD RESTRAINT E - SHOULDER STRAP ONLY N - NONE	Y - DEPLOYED N - NO DEPLOYMENT U - UNK IF DEPLOYED	1 - WORN-DAMAGED 2 - WORN-NOT DAMAGED 3 - WORN-UNK IF DAMAGED 4 - NOT WORN 5 - UNK IF WORN	X - KILLED A - INCAPACITATING INJURY B - NON INCAPACITATING C - POSSIBLE INJURY N - NOT INJURED	1 - BREATH 2 - BLOOD 3 - OTHER 4 - NONE 5 - REFUSED

UNIT NO. 1 DAMAGE RATING	TOWED DUE TO DAMAGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VEHICLE REMOVED TO Fled the scene
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Item No.	OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.		SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
		NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)								
1	DRIVER	SEE FRONT									
2											
3											
4											
5											

UNIT NO. 2 (COMPLETE ONLY IF UNIT NO. 2 WAS A MOTOR VEHICLE) DAMAGE RATING	TOWED DUE TO DAMAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	VEHICLE REMOVED TO BY
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Item No.	OCCUPANT'S POSITION	COMPLETE ALL DATA ON ALL OCCUPANTS' NAMES, POSITIONS, RESTRAINTS USED, ETC.; HOWEVER, IT IS NOT NECESSARY TO SHOW ADDRESSES UNLESS KILLED OR INJURED.		SOL	EJECTED	TYPE RESTRAINT USED	AIRBAG	HELMET	AGE	SEX	INJURY CODE
		NAME (LAST NAME FIRST)	ADDRESS (STREET, CITY, STATE, ZIP)								
6	DRIVER	SEE FRONT									
7											
8											
9											
10											

COMPLETE IF CASUALTIES NOT IN MOTOR VEHICLE

PEDESTRIAN, PEDALCYCLIST ETC.	CASUALTY NAME (LAST NAME FIRST)	CASUALTY ADDRESS (STREET, CITY, STATE, ZIP)	SOL	TYPE SPECIMEN TAKEN	RESULT	HELMET	AGE	SEX	INJURY CODE

DISPOSITION OF KILLED AND INJURED			IF AMBULANCE USED, SHOW		
ITEM NUMBERS	TAKEN TO	BY	TIME NOTIFIED	TIME ARRIVED AT SCENE	NO. ATTENDANTS INC. DRIVER

COMPLETE THIS SECTION IF PERSON KILLED

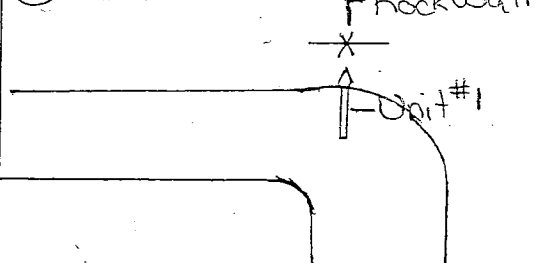
ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH	ITEM NUMBER	DATE OF DEATH	TIME OF DEATH

INVESTIGATOR'S NARRATIVE OPINION OF WHAT HAPPENED (ATTACH ADDITIONAL SHEETS IF NECESSARY)

7200 block of Barker is a two way (East-West) two lane residential roadway. Unit #1 was traveling west bound at the 7200 block of Barker and failed to control speed and struck a rock wall at 7273 Barker. Unit #1 fled the scene. No witnesses.

DIAGRAM ☐ ONE WAY ☒ TWO WAY ☐ DIVIDED

↑ INDICATE NORTH



FACTORS AND CONDITIONS LISTED ARE THE INVESTIGATOR'S OPINION

FACTORS/CONDITIONS CONTRIBUTING

UNIT 1	1 22	2	3
UNIT 2	1	2	3

OTHER FACTORS/CONDITIONS MAY OR MAY NOT HAVE CONTRIBUTED

UNIT 1	1	2
UNIT 2	1	2

0-NO CONTROL OR INOPERATIVE
1-OFFICER OR FLAGMAN
2-STOP AND GO SIGNAL
3-STOP SIGN
4-FLASHING RED LIGHT

TRAFFIC CONTROL

5-TURN MARKS
6-WARNING SIGN
7-RR GATES OR SIGNALS
8-YIELD SIGN
9-CENTER STRIPE OR DIVIDER

10-NO PASSING ZONE
11-OTHER CONTROL

5

- ANIMAL ON ROAD - DOMESTIC
- ANIMAL ON ROAD - WILD
- BACKED WITHOUT SAFETY
- CHANGED LANE WHEN UNSAFE
- DEFECTIVE OR NO HEADLAMPS
- DEFECTIVE OR NO STOP LAMPS
- DEFECTIVE OR NO TAIL LAMPS
- DEFECTIVE OR NO TURN SIGNAL LAMPS
- DEFECTIVE OR NO TRAILER BRAKES
- DEFECTIVE OR NO VEHICLE BRAKES
- DEFECTIVE STEERING MECHANISM
- DEFECTIVE OR SLICK TIRES
- DEFECTIVE TRAILER HITCH
- DISABLED IN TRAFFIC LANE
- DISREGARD STOP AND GO SIGNAL
- DISREGARD STOP SIGN OR LIGHT
- DISREGARD TURN MARKS AT INTERSECTION
- DISREGARD WARNING SIGN AT CONSTRUCTION

19. DISTRACTION IN VEHICLE
20. DRIVER INATTENTION
21. DROVE WITHOUT HEADLIGHTS
22. FAILED TO CONTROL SPEED
23. FAILED TO DRIVE IN SINGLE LANE
24. FAILED TO GIVE HALF OF ROADWAY
25. FAILED TO HEED WARNING SIGN
26. FAILED TO PASS TO LEFT SAFELY
27. FAILED TO PASS TO RIGHT SAFELY
28. FAILED TO SIGNAL OR GAVE WRONG SIGNAL
29. FAILED TO STOP AT PROPER PLACE
30. FAILED TO STOP FOR SCHOOL BUS
31. FAILED TO STOP FOR TRAIN
32. FAILED TO YIELD ROW - EMERGENCY VEHICLE
33. FAILED TO YIELD ROW - OPEN INTERSECTION
34. FAILED TO YIELD ROW - PRIVATE DRIVE
35. FAILED TO YIELD ROW - STOP SIGN
36. FAILED TO YIELD ROW - TO PEDESTRIAN

37. FAILED TO YIELD ROW - TURNING LEFT
38. FAILED TO YIELD ROW - TURN ON RED
39. FAILED TO YIELD ROW - YIELD SIGN
40. FATIGUED OR ASLEEP
41. FAULTY EVASIVE ACTION
42. FIRE IN VEHICLE
43. FLEEING OR EVADING POLICE
44. FOLLOWED TOO CLOSELY
45. HAD BEEN DRINKING
46. HANDICAPPED DRIVER (EXPLAIN IN NARRATIVE)
47. ILL (EXPLAIN IN NARRATIVE)
48. IMPAIRED VISIBILITY (EXPLAIN IN NARRATIVE)
49. IMPROPER START FROM PARKED POSITION
50. LOAD NOT SECURED
51. OPENED DOOR INTO TRAFFIC LANE
52. OVERSIZE VEHICLE OR LOAD
53. OVERTAKE AND PASS INSUFFICIENT CLEARANCE
54. PARKED AND FAILED TO SET BRAKES
55. PARKED IN TRAFFIC LANE

56. PARKED WITHOUT LIGHTS
57. PASSED IN NO PASSING ZONE
58. PASSED ON RIGHT SHOULDER
59. PEDESTRIAN FAILED TO YIELD ROW TO VEHICLE
60. SPEEDING - UNSAFE (UNDER LIMIT)
61. SPEEDING - OVER LIMIT
62. TAKING MEDICATION (EXPLAIN IN NARRATIVE)
63. TURNED IMPROPERLY - CUT CORNER OR LEFT
64. TURNED IMPROPERLY - WIDE RIGHT
65. TURNED IMPROPERLY - WRONG LANE
66. TURNED WHEN UNSAFE
67. UNDER INFLUENCE - ALCOHOL
68. UNDER INFLUENCE - DRUG
69. WRONG SIDE - APPROACH OR IN INTERSECTION
70. WRONG SIDE - NOT PASSING
71. WRONG WAY - ONE WAY ROAD
72. OTHER FACTOR (WRITE IN ON LINE BELOW)